

Reviewer:

**NC DHHS
DMH/DD/SAS**

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|----------|
| | COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Provider Requirements | | | | | | | | | | |
| a. | **1) Must be delivered by practitioners employed by a mhsa provider organization which meets standards (Core rules - 10A NCAC 27G .0201-.0204) established by the Division of MHDDSAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provider services. | 1st | Provider application with all required supporting documentation completed as required in provider application; Program description; Policy & Procedure Manual | | | | Division of Medical Assistance Community Intervention Services application (or Provider Endorsement application) with all required supporting documentation completed as required in endorsement policy; Program description; Policy & Procedure Manual; By-laws or Partnership Agreement | | | | |
| | 2) Organizations must demonstrate that they meet these standards by being certified by the LME. Within 3 years of enrollment, must have national accreditation | 2nd | | | | | DMA enrollment documentation; Certification of accreditation | | | | |
| | ** 3) The organization must be established as a legally recognized entity in the US and registered to do business as a corporate entity in the State of N.C. | 1st 2nd | By-laws or Partnership Agreements; Other supporting documentation as required for business status | | | | By-laws or Partnership Agreements; Other supporting documentation as required for business status | | | | |
| | 4) CS providers must have the ability to deliver services in various environments, such as homes, schools, detention centers & jails (state funds only) homeless shelters, street locations, etc. | 1st 2nd | Policy and procedure manual; Program Description; Other supporting documentation | | | | Program description; Policy & Procedure Manual; PCP; MOAs; Other supporting documentation | | | | |

Reviewer:

**NC DHHS
DMH/DD/SAS**

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|----------|
| | COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Provider Requirements (continued) | | | | | | | | | | |
| b | There is evidence of fidelity to EBP | 1st | | | | | | | | | |
| | Staffing Requirements | | | | | | | | | | |
| a | **1) Persons who meet the requirements specified for Qualified Professional or Associate Professional status according to 10A NCAC 27.G.0104, within the requirements specified in the above rule. | 1st 2nd | Employment application, license or certification verification, and other documentation that education, experience & training for staff are consistent with requirements and responsibilities | | | | Employment application, license or certification verification, and other documentation that indicate education, experience & training for staff are consistent with requirements and responsibilities | | | | |
| | 2) Supervision is provided according to supervision requirements specified in 10A NCAC 27.G.0104 & according to licensure or certification requirements of the appropriate discipline. | 2nd | Supervision plans | | | | Supervision plans and supervision notes | | | | |
| b | **1) Paraprofessional level providers who meet the requirements specified for paraprofessional status according to 10A NCAC 27.G.0104 N.C. may deliver CS services within the requirements of the staff definition specific in the above role. | 1st 2nd | Employment application and other supporting documentation that education and experience are consistent with requirements; Training documentation that supervision requirements are being met; Supervision plans. | | | | Employment application and other supporting documentation that education and experience are consistent with requirements; Training; Documentation that supervision requirements are being met; Supervision plans. | | | | |

1st=Conditional Endorsement Review
2nd=Full Endorsement Review

Reviewer:

**NC DHHS
DMH/DD/SAS**

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|-----|------------|----|------------------------------------------------------------------------------------|-----|------------|----|----------|
| | COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Staffing Requirements (continued) | | | | | | | | | | |
| | **2) When a paraprofessional provides CS services they must be under the supervision of a QP. Supervision shall be carried out according to 10A NCAC 27.G.0104. | 1st 2nd | Supervision plans | | | | Supervision plans and supervision notes | | | | |
| c | QP, CCS, CCAS, LCAS can perform the following activities: Coordination & oversight of initial & ongoing assessment activities; initial development & ongoing revision of PCP; monitoring of implementation of PCP. | 1st 2nd | Training Plan; Job descriptions; Employment applications; Policy & procedures | | | | Job descriptions; Policy & procedure manual; Employment application | | | | |
| d | AP and paraprofessional can perform the following activities: various skill building activities of daily & community living skills; socialization skills, adaptation skills; symptom management skills, wellness education; education substance abuse; behavior & anger management techniques. | 1st 2nd | Job description; Employment application; Policies & procedures; Training Plan | | | | Job descriptions; Policy & procedure manual; Employment application; Training plan | | | | |
| e | All staff providing CS services to children & families must complete a twenty hours of training specific to CS including crisis response within the first 90 days of employment. | 1st 2nd | Training Plan | | | | Training documentation for CS specific training requirements. | | | | |

Reviewer:

**NC DHHS
DMH/DD/SAS**

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------|-----|---------|----|------------------------------------------------------------------------------------------------|-----|---------|----|----------|
| COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Service Type / Setting | | | | | | | | | | |
| a | CS is a direct & indirect periodic service where the CS worker provides direct intervention & also arrange, coordinates, & monitors services on behalf of the recipient. Service is provided in any location and may be provided to an individual or a group of individuals. | 1st 2nd | Policy and Procedure; Program Description; Job Description | | | | Policy and Procedure; Program Description; Job Description; Service record; PCP; Claim form | | | | |
| b | 1) For persons residing in higher-level residential program (e.g., PRTF, residential levels II-IV), CS services are limited to individuals transitioning from or to these residential programs. | 1st 2nd | Policy and Procedure; Program Description; Job Description | | | | Policy and Procedure; Program Description; Job Description; Service record; PCP; Claim form | | | | |
| c | 1) CS also includes telephone time with the recipient & collateral contact with persons who assist the recipient in meeting his/her rehabilitation goals. | 1st 2nd | Policy and Procedure; Program Description; Job Description | | | | Policy and Procedure; Program Description; Job Description; Service record; PCP; Claim form | | | | |
| | Program/Clinical Requirements | | | | | | | | | | |
| a | All youth receiving CS must receive a minimum of two (2) contacts per month with one (1) contact occurring face-to-face with the recipient. | 2nd | Service notes or contact log | | | | Service record; PCP; Service notes; Contact log; Claim form | | | | |

Reviewer:

**NC DHHS
DMH/DD/SAS**

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|-----|------------|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|----------|
| | COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Program/Clinical Reqs (continued) | | | | | | | | | | |
| b | Contact benchmarks shall be measured on an annual basis substantiating sixty per cent (60%) or more of CS services are delivered face-to-face with recipients & sixty per cent (60%) or more of staff time must be spent working outside of the agency's facility, with or on behalf of the consumers. | 2nd | Service notes or contact log | | | | Service notes or contact log; Claim form | | | | |
| c | 1) Caseload size may not exceed 1:15 (one QP worker per fifteen (15) clients. 2) Groups size may not exceed eight (8) individuals. | 1st 2nd | Staff caseload assignment | | | | Staff caseload assignment; Service record | | | | |
| d | <i>**The development, monitoring, revising and updating of the recipient's person centered plan is the responsibility of the qualified professional</i> | 1st 2nd | Policy and Procedure | | | | Policy and Procedure; PCP; Service record | | | | |
| e | <i>**The Community Support must have policies and capacity to carry out "first responder" responsibilities for their recipients on a face to face basis and also telephonically at all times (24/7/365), with capacity for face-to-face emergency response within 2 hours.</i> | 1st 2nd | Policy and Procedure, call rotation schedule, publication of crisis number;access to crisis plans | | | | Policy and Procedure, Staff call rotation schedule, publication of crisis number;access to crisis plans; Documentation in service record | | | | |

Reviewer:

NC DHHS
DMH/DD/SAS

Date Reviewed:

Community Support (MH/SA)- Children/ Adolescents

| | DESCRIPTION | | Conditional Endorsement | | | | Full Endorsement | | | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|-----|---------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----|----------|
| | COMMUNITY SUPPORT (MH/SA) - CHILDREN/ADOLESCENTS | 1st=C 2nd=F | Evidence of Compliance | MET | NOT MET | NA | Evidence of Compliance | MET | NOT MET | NA | COMMENTS |
| | Program/Clinical Reqs (continued) | | | | | | | | | | |
| f | QP, CCS, LCAS performs the following activities: Coordination & oversight of initial & ongoing assessment activities; initial development & ongoing revision of PCP; monitoring of implementation of PCP. | 2nd | Not required for conditional endorsement | | | | Supporting documentation of Child Family team meeting(s); compliance with PCP documentation (e.g. signatures, dates, credentials); review updates; Documentation of coordination, oversight and monitoring activities. | | | | |
| g | AP and paraprofessional performs the following activities: various skill building activities of daily & community living skills; socialization skills, adaptation skills; symptom management skills, wellness education; education substance abuse; behavior & anger management techniques. | 2nd | Not required for conditional endorsement | | | | Documentation of skill building interventions and progress as reflected in the PCP | | | | |
| | Documentation Requirements | | | | | | | | | | |
| | Minimum standard is a daily full service note that includes: 1) the purpose of contact, 2) describes the provider's interventions , 3) effectiveness of the intervention, 4) the time spent performing the intervention, and 5) signature (degree/credentials or position) of person providing service | 2nd | Policy and procedure manual | | | | Service notes | | | | |